

“SAD REPORT” TO INDIANA STATE COUNCIL CHAPLAIN

(This form can be completed online, saved to your desktop, and e-mailed to the Chaplain.
Please visit www.indianaesa.org)

DATE: _____

CHAPTER NAME AND NUMBER: _____ **CITY:** _____

MEMBER’S NAME: _____

STREET ADDRESS: _____

CITY, STATE: _____ **ZIP:** _____

If a death, please list name and address of the next of kin: _____

If other than a member, please specify name, address and relationship to member: _____

If possible, please specify the nature of illness, accident, cause of death or other pertinent information: _____

Submitted by: _____ **Phone Number:** _____

In the event of the death of an active (dues paying) Indiana ESA member, a floral tribute not to exceed the amount of \$20.00 shall be purchased by the local chapter in the name of the Indiana State Council. The chapter shall be reimbursed upon receipt of a bill being sent to the Indiana State Treasurer, Pat Billiard.

PLEASE RETURN THIS FORM TO:
Carmen Oswalt, Indiana State Council
300 Circle Drive
Huntington, IN 46750
coswalt47@sbcglobal.net
260-356-2591